

CITY OF SANTA BARBARA

RENEWAL APPLICATION

CUTORSIA	FOR PED	OICAB OPERA	TOR PERMIT		CLU Record #	
	(Pursuant to Santa I	Barbara Municipa	ıl Code, Chapter t	5.29)	City Stamp/Paid	
Applicants are required to pay an annual \$25 Business License fee and a \$32 Pedicab Operator permit renewal fee to the Finance Department located at City Hall, 735 Anacapa St.					\$32 Renewal Fee & \$25 Business License Fee	
Once fees are paid, applicant must complete the below information, an Arrest History Form, and an Authorization to Release Information form. Applicant must also provide two (2) passport-size, color photographs for use on the permits. All items must be submitted to the Police Technician at the Police Annex, 222 E. Anapamu. Appointments are recommended, and may be made by calling (805) 897-2333.					Applicant Photo	
Please complete				\neg		
Date of Application						
Applicant's Full N	lame:					
Current Permit N	umber :	Current	Permit Exp:			
Residence Addre	ess (include street, city, and	zip code):				
	if different (include street,	city, and zip code):	Data of Divide			
Phone Number:			Date of Birth:			
Current Employe	r – (Pedicab Company)):	Have you p □ Yes □		d fees (\$57) at City Hall?	
CA Driver's Licer	ense Number: Expiration:		Soci	al Security	ity #:	
asked for is misre Applicant's signa	epresented, it may be ture	grounds for den	Date			
Investigator's signatur	re		Date			
Chief of Police: Approved/Disapprove	d		Date			

BUSTED GUS CLU Finance File # Police Dept I.D.

New Exp:

CITY OF SANTA BARBARA

ARREST HISTORY

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

Failure to **list all arrests and citations** may result in a denial of your application. This page MUST be completed. If there is no arrest history, write "NONE" or "N/A".

Date	Place (City and State)	Reason (Violation)
Are you cur	rently on probation ?	Charges:
		Charges:
Are you cur	rently required to register pursua	ant to Section 290 of the Penal Code?
		understands that if any information requested e grounds for denial of this permit application.
Printed (Permit Applicant's Name)	
Signature (Permit Applicant)		
Signatur	e (Permit Applicant)	Date
The Poli	ce Technician verbally verific	

CITY OF SANTA BARBARA

AUTHORIZATION TO RELEASE INFORMATION TO THE

CITY OF SANTA BARBARA, POLICE DEPARTMENT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

As an applicant for a City permit within the City of Santa Barbara, I hereby authorize the release of any and all information that you may have concerning my work records education records, medical records, and information of a confidential or privileged nature to the City of Santa Barbara Police Department and its agents.

I hereby release you, your organization, or others, from any liability or

damage, which may result from furnishing the information requested.
Printed (Permit Applicant's Name)

Date

Signature (Permit Applicant)